

SUBJECT: **STROKE PATIENT DESTINATION**

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**PURPOSE:** To provide guidelines for transporting suspected stroke patients to the most accessible facility appropriate to their needs.

**AUTHORITY:** Health & Safety Code, Division 2.5, Section 1798

**DEFINITIONS:**

**Approved Stroke Center (ASC):** A 9-1-1 receiving hospital that has met the standards of a Center for Medicaid & Medicare Services (CMS) approved accreditation body as a Primary Stroke Center and has been approved as a Stroke Center by the Los Angeles (LA) County Emergency Medical Services (EMS) Agency.

**Modified Los Angeles Prehospital Stroke Screen (mLAPSS):** A screening tool utilized by prehospital care providers to assist in identifying patients who maybe having a stroke.

Modified LAPSS criteria:

1. Symptom duration less than 2 hours
2. No history of seizures or epilepsy
3. Age  $\geq$  40
4. At baseline, patient is not wheelchair bound or bedridden
5. Blood glucose between 60 and 400 mg/dL
6. Motor Exam: Examine for obvious asymmetry/unilateral weakness (exam is positive if one or more of the following are present)
  - a. Facial Smile/Grimace
  - b. Grip
  - c. Arm Strength

**Local Neurological Signs:** Signs that may indicate an irritation in the nervous system such as a stroke or lesion. These signs include: speech disturbances, altered level of consciousness, paresthesias, new onset seizures, dizziness, unilateral weakness, and visual disturbances.

**PRINCIPLES:**

1. Patients experiencing a stroke should be transported to the most accessible facility appropriate to their needs. This determination will be made by the base hospital physician or Mobile Intensive Care Nurse after consideration of the guidelines established in this policy. Final authority for patient destination rests with the base hospital handling the call or SFTP provider functioning under protocols.
2. Basic Life Support units shall call an Advanced Life Support unit for suspected stroke patients as outlined in Reference No. 808, Base Hospital Contact and Transport Criteria-Section I.

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EFFECTIVE: 4-01-09

PAGE 1 OF 3

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SUPERSEDES: 4-1-10

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

3. In all cases, the health and well being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: severity and stability of the patient's condition; anticipation of transport time; available transport resources; and request by the patient, family, guardian or physician.

**POLICY:****I. Responsibility of the Provider Agency**

- A. Perform a mLAPSS for patients exhibiting local neurological signs or symptoms of a possible stroke.
- B. Transport the patient to the nearest ASC if mLAPSS screening criteria are met.

**Note: SFTP providers are responsible for assuring the ASC is notified of the patient's pending arrival and contacting the base hospital to provide minimal patient information, including the results of themLAPSS, last known well date and time, and patient destination. Base contact may be performed after the transfer of care if the receiving ASC is not the base hospital.**

- C. Document the results of mLAPSS and last known well time in designated area on the EMS Report Form or electronic patient care report (ePCR).
- D. In order to ensure that proper consent for treatment can be obtained by hospital personnel, if possible, document the name and contact information of the family member, caregiver, or witness who can help verify the patient's last known well time in the Comments area of the EMS Report Form or ePCR. When practical, transport the witness with the patient.

**II. Responsibility of the Base Hospital**

- A. Provide medical direction and destination for all patients who meet mLAPSS criteria or have symptoms strongly suggestive of a stroke
- B. Determine patient destination via the ReddiNet® system.
- C. Notify the receiving ASC if the base hospital is not the patient's destination.
- D. Document the results of mLAPSS and last known well time in designated area on the Base Hospital Form.
- E. Prompt prehospital care personnel to obtain and document witness contact information on the EMS Report Form or ePCR.

**III. Responsibility of the ASC**

- A. Provide services 24 hours a day/7 days a week for stroke patients as required for Primary Stroke Center certification
- B. Diversion of stroke patients is allowed only for internal disaster.

**IV. Transportation of Stroke Patients to an ASC**

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- A. All suspected stroke patients shall be transported to the most accessible ASC if ground transport is 30 minutes or less regardless of service area rules and/or considerations.
- B. If ground transport time to an ASC is greater than the maximum allowable time of 30 minutes, the patient shall be transported to the most accessible receiving facility.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 501, **Hospital Directory**
- Ref. No. 502, **Patient Destination**
- Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
- Ref. No. 808, **Base Hospital Contact and Transport Criteria**
- Ref. No. 1200, **Treatment Protocols**
- Ref. No. 1251, **Stroke/Acute Neurological Deficits**

**Centers for Medicare & Medicaid Services, [www.cms.gov](http://www.cms.gov)**